

A Review of Suicidal Behavior among Adolescents

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Abstract - The numerous and multi-faceted risk factors for teenage suicide behavior make it a major public health concern. The purpose of this study is to compile the most recent findings on teenage suicide behavior, including its incidence, causes, and methods of prevention. Suicide is a major killer of young people across the world, and the analysis notes that rates are rising in certain areas. There is a complex interplay of psychological, environmental, and social variables that can put adolescents at risk for suicide thoughts and actions. Depression, anxiety, and drug misuse are important mental health issues that might increase the risk of psychological problems. Family discord, childhood trauma, and seeing or reading about suicide thoughts or actions in others are all examples of environmental influences. Bullying, social exclusion, and a dearth of social support systems are examples of social variables.

Keywords: Suicidal Behavior, Social Factors, Risk, Abuse, Social Isolation, Death.

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INTRODUCTION

As defined by the World Health Organisation (WHO), suicide is an act that is carried out with the intention of bringing about desired changes but ultimately results in death, with the individual who has committed suicide being aware of or anticipating that their death is impending. No matter whether it is done voluntarily or involuntarily, the purpose of suicidal conduct is to terminate one's life for good. The term "gestures" is often used to refer to real acts of suicide. However, it is important to differentiate between other types of self-injury, known as para-suicidal activity, which is similarly planned but does not mean to result in death. Cutting and burning are two examples of prevalent types of self-injury that victims may engage in. These activities, despite the fact that they may inflict severe misery, agony, and damage, do not have the intention of causing the individual to take their own life. A self-injury technique that is followed correctly may help avoid unintended suicide. [1]

A connection exists between suicidal thoughts and behaviours and killings. This connection is a correlation. When some people come to the conclusion that life is not worth living, they often take the life of another person with them. This is because they are of the opinion that their own life is not worth living. An additional reason for suicide-homicide actions might be a desire for revenge or retaliation against people who are responsible for the unspeakable pain that the suicidal person has endured. Instances like this have the potential to stir religious beliefs as well as military requirements. [2]

A person is deemed to be suicidal if they engage in any activity or mental pattern that includes deliberately or unintentionally inflicting damage onto themselves. Suicidal ideation, as well as self-injury and activities that are harmful to oneself, are included in this category. Researchers have described sociality as a collection of cognitive and behavioural characteristics, and it is possible that a person's sociality might be the source of suicidal thoughts and acts. Suicide thoughts and actions are now among the major causes of death among adolescents in today's society. Ideas, threats, gestures, self-cutting, low-lethal attempts, and actual suicide are all examples of activities that fall under the umbrella term of suicidal conduct. Suicidal behaviour encompasses a range of behaviours. [3]

An other expression that is often used in today's society is "deliberate self-harm." There are a few different names for auto aggression, self-injury, and self-mutation, and one of them is dysregulated self-harm (DSH). The purposeful removal or alteration of biological tissue without any visible or conscious intent to commit suicide, yet inflicting sufficient injury to cause damage to the tissue, is another description of this. [4]

INJURY OR DAMAGE TO ONE'SSELF

There exists a spectrum of behaviours in which the primary injury is self-inflicted. These behaviours include self-harm, self-injury, self-inflicted violence, non-suicidal self-injury, and self-injurious activity. Generally speaking, it is done out without the goal of

committing suicide and involves deliberately causing damage to tissue. The most prevalent kind of self-inflicted injury is the act of cutting one's own flesh with a sharp object, such as a surgical knife or razor blade. The term "self-mutilation" is often used to refer to behaviours that are even more difficult, ambiguous, or unpleasant than those described by the term itself. A self-inflicted wound is another term that is used to describe injuries that soldiers inflict on themselves in order to be pulled from battle earlier than they would otherwise be. It is evident that the term "self-inflicted wound" has a secondary meaning that extends beyond the concept of self-harm. Additionally, those who self-inflict physical damage on themselves as a result of eating disorders are also regarded to be doing acts of self-harm. [5]

NSSI, which stands for non-suicidal self-injury, is a new disorder that was included in the DSM-5 under the "Conditions for Further Study" category. As a key socioeconomic factor that contributes to the rise in the number of instances of self-harm, childhood maltreatment is considered to be a significant contributor, alongside poverty and dysfunctional relationships between parents or partners. There are a number of factors that may elicit suicidal impulses, some of which include, but are not limited to, violence, poverty, and unemployment. There is a possibility that self-harm might be a manifestation of depersonalisation or from a hallucinogenic state. Reports indicate that thirty percent of autistic individuals engage in self-harming activities such as eye-poking, skin-picking, hand-biting, and head-banging. Additionally, seventy percent of those with borderline personality characteristics engage in these actions. [6]

Individuals who engage in self-inflicted damage put their lives at grave danger. Self-harmers have a higher risk of committing suicide than those who do not. According to the findings of study, around 3.3 million individuals engaged in acts of self-harm in the year 2013. Young adults, namely those between the ages of twelve and twenty-four, are the ones that commit the majority of incidents of self-harm.

There are many different suggestions for self-harm, but they all serve the same fundamental purpose: to temporarily release intense emotions such as hopelessness, anxiety, emotional numbness, stress, and feelings of failure or self-loathing. There are some individuals who inflict harm upon themselves (for example, via maltreatment) as a means of coping with and managing the emotional misery that they are experiencing. [7]

THOUGHTS AND IDEAS OF SUICIDE

Now a term used in the medical field The anxiety that comes with suicidal ideation (SI) is a typical symptom. A person is considered to be suicidal when they are experiencing thoughts and feelings of terminating their own life, and they may even have plans to carry out their intentions. There is no guarantee that a person is

prepared to end their own life just because they are having suicidal thoughts. It is imperative that this matter be handled with in a manner that is commensurate with the level of gravity it warrants. More than thirty thousand people take their own lives every year, according to data, and there is an attempt at suicide that happens almost once every minute. [8]

The obsession with the notion of terminating one's own life in an unnatural manner is a defining characteristic of suicidal ideation, which is sometimes referred to as suicidal thoughts. The presence of suicidal thoughts is one of the risk factors that might lead to suicidal conduct happening. Suicidal ideation is more likely to occur in adolescents who are experiencing feelings of depression, despondency, and loneliness. There is a significant correlation between the incidence of suicidal thoughts and the presence of anxiety and despair. In most cases, they are not significant and can be treated; nonetheless, there are some instances in which they put the individual in risk of attempting or actually committing suicide. The great majority of people who have suicidal thoughts do not really act on them, despite the fact that some of them may try to take their own lives.

When a person realises that they are powerless in the face of an overpowering temptation, they may start to have thoughts of ending their own life. The following are some of the most typical life situations or scenarios that might provoke suicide thoughts: the loss of a loved one, sexual abuse, financial difficulties, feelings of guilt and rejection, the culmination of a relationship, and being jobless. [9]

There is a possibility that genetic factors might increase the risk of suicidal thoughts occurring. The presence of a family history of suicide or thoughts of self-harm is a characteristic that is often seen in individuals who have suicidal thoughts.

Suicidal thoughts may be broken down into two categories: active and passive behaviours. In the context of suicide, the term "active suicidal ideation" refers to both the intention to terminate one's life and the plan to carry out that wish. The term "passive suicidal ideation" refers to the state of having thoughts of suicide but instead deciding not to act on such ideas. Individuals who are generally healthy often show signs of having suicidal thoughts. Suicidal ideation, on the other hand, is more prevalent among those who are afflicted with mental illnesses such as schizophrenia, depression, and drug abuse.[10]

DEATHLY MOTIFS

In the event that suicidal thoughts do not result in real efforts to end one's life, then they are useless. It is possible for people who are having suicidal thoughts to display behaviours that are indicative of suicide. The instant a person progresses from considering suicide to thinking about a specific

suicide plan, the risk of committing suicide rises. This is true regardless of how specific or generic the plan is, how well ordered it is, or how disorganised it is. When suicidal activity is seen, there is an increased likelihood that the individual will take their own life. Experts in the field of mental health refer to actual, futile attempts to terminate one's own life as "suicidal gestures" or "suicide attempts." Suicidal gestures may be broken down into two categories: those that are carried out with the full goal of ending one's life, and those that are undertaken willingly, with the aim of demonstrating how horrible things are rather than really attempting to end one's life. When individuals make suicide gestures, regardless of the reasons behind their actions or the gravity of their intentions, danger is always there in every corner of the room. It is possible for a person to commit suicide even if they are reluctant or have just a partial degree of mental capacity. [11]

According to surveys conducted by the community on the subject, around twenty-five percent of adolescents have experienced suicidal thoughts at some point in their lives. There is a correlation between certain life events and challenges, such as poverty, social isolation, and bullying, contributing to an increased likelihood of engaging in suicidal conduct. Teens who are dissatisfied with their social support system are more likely to exhibit depressive symptoms, and a lack of support from their families is a factor that may be used to predict the occurrence of suicide attempts among teenagers. Initially seen as the opposite of anomy and isolation, sociality is now conceptualised as having a strong inverse connection with the degree to which a person is integrated into society. There was a significant reduction in the prevalence of suicidal ideation and depression among adolescents who received social help. It is essential for professionals such as general practitioners, teachers, paediatricians, and school counsellors to get training in this field in order to improve their ability to manage and refer adolescents who are demonstrating nonfatal suicidal tendencies.

An alarmingly high number of young people in India are taking their own lives. Among young people in our country, suicide is the second greatest cause of death after traffic accidents. Approximately once every ninety minutes, a young person in India makes an attempt on their own life. In terms of public health, it is a problem that is of critical importance for adolescents all over the world. Around the world, more than 1.3 million persons between the ages of 10 and 19 passed away in the year 2012. (2014) According to the World Health Organisation? In 2015, the rate of suicide was 78% higher in countries with low or medium incomes, despite the fact that suicide affects a whole population. Suicide was the seventeenth leading cause of death worldwide in 2015, accounting for 1.4% of all deaths. This was the highest ranking of any cause of death. [12]

The Global Burden of Disease Study, 2014 found that suicide was responsible for 842,000 deaths throughout the world in 2013. This figure represents an increase

from the 712,000 deaths that occurred in 1990. Around 187,000 people took their own lives in 2010, making up 3% of the total number of fatalities that occurred in that year. The suicide rate in India is around ten percent higher than what was expected by the Lancet, and it is notably higher in the age range of fifteen to twenty-nine years old.

RATES OF SUICIDE

The number of deaths that are purposefully caused and carried out by a person with the knowledge or anticipation that they would die as a consequence of their actions is referred to as the suicide rate. The outcomes of cross-national data comparisons are influenced by a variety of factors, including the technique that is used to ascertain whether or not the individual had suicidal intent, the identification of the individual who is certifying the death, the existence or lack of a forensic investigation, and the need to preserve anonymity about the cause of death. Since this is the case, dealing with disparities across countries requires extra caution.

It is the World Health Organisation Mortality Database that is responsible for the collection of this statistics. The units of measurement for this statistic are deaths per 100,000 people (total), males per 100,000, and females per 100,000. Total deaths occurred per 100,000 people. [13]

INDIA'S SUICIDE RATE

It is estimated that there are more than 1.2 billion people in the globe who are between the ages of 10 and 19. Teenagers make up more than twenty percent of the world's population. teenagers are defined as those who are between the ages of ten and nineteen. India has the greatest teenage population rate in the world, with 243 million adolescents. This age group is comprised of 21.4% of the total population of Indians. The suicide rate among Indians is a significant concern., The suicide rate in India is 10.5 per 100,000 persons on an annual basis, which is in comparison to the worldwide suicide rate of 11.6 per 100,000 people. The most recent figures from the National Crime Records Bureau (NCRB) indicate that the rate of suicide increased to 11.4 per 100,000 persons in 2010, after a 5.9 percent increase in the number of suicides that occurred in 2010. This information was obtained from the Government of India.

There was a significant disparity in the suicide rates across the states of India, with Nagaland having the lowest rate at 0.5 per 100,000 people and Sikkim having the highest rate at 45.9 per 100,000 people. The national average for suicide in 2010 was 11.4 per 100,000 people. Various studies have discovered varying average annual suicide rates. One study discovered 62 suicides per 100,000 people, another study discovered 95 suicides per 100,000 people overall, and yet another study discovered 148 suicides per 100,000 young women and 58 suicides per 100,000 young men,

respectively. [14] According to research conducted by the World Health Organisation, India has the highest suicide rate in the world among those aged 15 to 29 people. In the year 2012, the suicide rate was 35.5 per 100,000 people. There were around 260,000 people in India who committed suicide in 2014. These individuals were from all age groups. [15]

CONCLUSION

Teen suicide attempts need immediate and comprehensive responses because they pose a significant threat to public health. This is a complicated topic since psychological, environmental, and social risk factors all interact with one another. Comprehensive programs that include families, schools, healthcare professionals, and communities are necessary for effective prevention and intervention. To reduce risks and improve mental health among teenagers, early detection and tailored assistance are essential. To better comprehend the ever-changing nature of teen suicide and to develop more effective preventive strategies, more study is necessary. We can greatly improve the well-being of kids and decrease the number of suicides among them if we create an atmosphere that is both proactive and supportive.

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